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Beyond The Classroom: Unpacking Behavioral Struggles in School Going Kids

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Abstract- ***In reality, behavioural issues in children are traits that may not fit the criteria for a mental illness, but if left untreated, they may eventually cause a mental illness. Hyperactivity, inattention, temper tantrums, depression, anxiety, aggression, disobedience, peer problems, nail biting, thumb sucking, sleep issues, and other behavioural issues can be both externalizing and internalizing. To avoid more issues, children's behavioural issues should be recognized and treated as soon as feasible. Researchers have conducted this study to evaluate the demographic characteristics of respondents and researcher has also examined the behavior problems among school going children. Researchers used survey method for data collection. Results evaluated that 76 percentage respondents have frequency score below five which implies they are normal; 15 percentages have mild to moderate behavior problems; five percentage shown severe behavior problems and four percent needs clinical help. Results reflected that occasionally violent and destructive behavior was shown by respondents which included pinching others, pushing others , kicking other, pulling hairs or ear or other body parts of others, punching or hitting others, breaking objects or toys, slams doors, attacking or poking other with weapons (blade, sticks or pencils) biting others. Researcher concluded that addressing behavior problems among children is crucial for their overall development and well-being. The implications of unmanaged behavioral issues can be far-reaching, affecting academic performance, social relationships, and emotional health. It is essential to recognize the role of both environmental and psychological factors, such as family dynamics, peer influences, and school environments, in shaping a child's behavior. Early intervention, supportive parenting, and targeted educational strategies are key to helping children overcome behavioral challenges. By fostering a nurturing and structured environment, we can not only reduce behavior problems but also promote positive behavioral patterns that contribute to healthier, well-adjusted children. It is important for caregivers, educators, and policymakers to collaborate in creating holistic approaches that address the root causes and long-term effects of these behavior issues.***

Keywords: behavior, problems, behavioral problems, school child, children

I. INTRODUCTON

Childhood refers to the developmental stage from 6 to 12 years of children, typically encompassing the some of the very crucial years of an individual's life. This period is characterized by rapid physical, emotional, social, and cognitive growth, with each stage contributing to a child's development. Early childhood, in particular, is crucial for shaping future behaviour, as children begin to learn social norms, emotional regulation, and communication skills. This age is not only crucial for development of a child but Behavioural problems during childhood are also one of the major issues that reflected among children. Behavioural problems during childhood refer to patterns of disruptive, aggressive, or noncompliant behaviour that deviate from what is considered typical for a child's age and developmental stage. These problems may manifest as difficulties in managing emotions, following rules, or interacting appropriately with peers and adults. Common behavioural issues during childhood include: Hyperactivity (A high level of activity or impulsivity that may interfere with a child's ability to focus or follow instructions), Aggression (Physical or verbal behaviour intended to harm others, such as hitting, biting, or bullying),

Defiance (Refusal to comply with authority figures or engage in rule-breaking behaviours), Anxiety and Fear (Excessive worry or nervousness that affects a child's ability to interact normally with others or perform everyday tasks), Withdrawal (Social isolation or a lack of engagement with peers and adults, often seen in children who may struggle with communication or emotional regulation). These behavioural issues can stem from a variety of factors, including genetics, parenting styles, environmental stressors, or underlying mental health conditions. Identifying and addressing these problems early on can help children develop healthier coping mechanisms and improve their overall well-being. The age group 6 to 12 years is commonly referred to as middle childhood. This stage of development is a significant period in a child's life, marked by physical, cognitive, emotional, and social growth. Children in this age range typically experience: Physical Development, Cognitive Development, Emotional Development and Social Development. This stage plays a vital role in laying the foundation for the child's future behavior, learning, and emotional resilience. It is a time when children are transitioning from early childhood dependence to greater independence and social integration.

Developmental tasks during childhood include: Learning physical skills necessary for ordinary games, Building a wholesome attitude toward oneself as a growing organism, Learning to get along with age-mates, Beginning to development appropriate masculine or feminine social roles, Development fundamental skills in reading writing, and calculating, Development concepts necessary for everyday living, Development a conscience, a sense of morality and scale of values, Development attitudes toward social group and institutions.

Behavioral issues refer to patterns of actions or reactions that deviate from what is considered typical or acceptable for a child's age and developmental stage. These issues can manifest in various ways, such as aggression, defiance, hyperactivity, withdrawal, or difficulties in emotional regulation and social interactions. Children with behavioral problems may struggle to follow rules, interact appropriately with peers or adults, and manage their emotions in healthy ways. These behaviors can be triggered by a range of factors, including environmental stress, family dynamics, trauma, or underlying mental health conditions. When left unaddressed, behavioral problems can affect a child's academic performance, relationships, and overall well-being. Early identification and intervention are crucial in helping children develop positive behaviors and coping skills for a more balanced and successful life.

Among the many distinct relationships that people formed throughout their lives in order to achieve personal independence, the relationship between parent and kid is one of the most crucial. Parent-child relationships are made up of a unique set of behaviours, feelings, and expectations for each parent and child. Parent-child behaviour is an enormously significant factor in a child's personality development and, in particular, socialization from infancy to childhood. Parental relationships can be defined as the socialization of parents and children. Parent-child relationships are more complex. Children are not passive recipients of parental behaviour, but rather active participants in the parent-child interaction. The parent-child interaction during childhood is unique to each parent, and children are always in conflict with their parents. Some parents support their children, while others may misinterpret their behaviour and reject them. As children approach childhood, they begin to notice a difference in their relationships with their parents due to considerable cognitive growth and greater relational experiences; biological, cognitive, and emotional changes affect the parent-child relationship. The child's desire for freedom, may question the parent's authority. Many parents find early adolescence a tough time. Childhood thrives and parents are happiest, when parents are both supportive and accepting of their child's demand for more psychological independence.

The parent child relationship has major influence on the child's psychological development than changes in the composition of household. Childhood may be a time of increased bickering and decreased closeness in the parent-child relationship, but most disagreements between parents focus on the essentials. By late childhood, they report feeling as close to their parents as they did in elementary school. Parent-child conflict becomes more prevalent as children enter puberty. It

is normal and can be extremely painful for parents and children both can feel mystified about what happened to the good old days of family unity. Although the importance of peer relationships grows during childhood, the parent-child relationship is still critical for the child's psychological development. Authoritarian parenting that balances warmth and firmness has the greatest positive impact on the child's development. Children who have been raised authoritatively have higher academic achievement, better psychological development, and fewer behavioural issues. Childhood no longer accept their parents as unquestioned authorities. They understand that other people's viewpoints are valid, and they are learning how to develop and express their own. The child starts to lose interest in their parents as primary love object.

II. OBJECTIVES OF THE STUDY

1. To study the socio-demographic profile of school-going children, including age, gender, family type, religion, caste, family income, and parental educational status.
2. To identify the prevalence and types of behavioural problems (internalizing and externalizing) among children aged 6–12 years.
3. To assess the severity level of behavioural problems among school-going children (normal, mild, moderate, severe, and those requiring clinical attention).
4. To examine the occurrence of aggressive, violent, and destructive behaviours among school-going children.
5. To understand the influence of family and environmental factors on the behavioural problems of children.
6. To highlight the need for early identification and intervention for behavioural problems to promote healthy emotional, social, and academic development.

III. RESEARCH METHODOLOGY

Locale of the study- The study was conducted in Patna city. Patna city was selected as investigator is a resident of the city accessibility and approachability was possible

Population and sample selection- School students of age group 6 years to 12 years were considered as population of study in which both boys and girls were taken. The school was selected through chit fold method All the students were present on the day of data were collection considered as samples for the study Tool used for data collection- Problem behavior survey schedule by S, Venkatesan (1994) was used to conduct the survey to identify problem behaviour among children of age group 6 to 12 years.

Procedure of data collection-Permission letter was taken from the head of department for conducting the survey. Schools were selected randomly through chit fold method for data collection Principals of the selected school was contacted and the purpose of the study was explained to them. Orientation and instructions were given to the students for filling the questionnaire and they were assured that their identity would keep confidential and the information provided by them will be used exclusively only f or research work. Two schools visited were for data collection. The process of collection of the data in the school premises were assisted by the teacher in school.

Analysis and interpretation of data- Data has been tabulated and presented by the researcher. Frequency, percentage and mean was calculated. Collected data from respondents was interpreted by the researcher using SPSS Version 2.0.

IV. RESULTS

Table 1.1 presents the socio-demographic characteristics of the respondents. With regard to age distribution, the majority of respondents (66%) fall within the age group of 12–16 years, followed by 25% in the 9–12 years category, while only 9% belong to the 6–8 years age group. This indicates that most participants were adolescents, suggesting that the study largely reflects the perspectives of older

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children.

Table 1.1 Socio-Demographic Characteristic of Respondents

Sr. No.	Socio-demographic characteristics	Parameters	Percentage
1.	Age of respondents	6-8	9%
		9-12	25%
		12-16	66%
2.	Religion	Hindu	85%
		Muslim	10%
		Christian	5%
		Sikh	0%
3.	Family Type	Joint	60%
		Nuclear	40%
4.	Family Income	High	25%
		Low	75%
5.	Cast	Lower	25%
		Upper	75%

In terms of religious affiliation, a substantial proportion of respondents were Hindu (85%), followed by Muslims (10%) and Christians (5%). No respondents were found to belong to the Sikh religion, indicating limited religious diversity within the sample. Analysis of family type reveals that 60% of the respondents belonged to joint families, whereas 40% came from nuclear families. This suggests a predominance of joint family systems among the study population. Regarding family income, a majority of respondents (75%) belonged to low-income families, while only 25% were from high-income households. This highlights that the sample primarily represents individuals from economically weaker sections. With respect to caste distribution, 75% of the respondents belonged to the upper caste, while 25% were from the lower caste. This indicates a higher representation of upper-caste respondents in the study.

Overall, the table reflects that the study sample is largely composed of adolescents from Hindu, joint-family, low-income, and upper-caste backgrounds.

Table 1.2 Percentage Distribution of Respondents Parents Educational Status

Sr. No.	Parents educational Status	Parameters	Percentage
1.	Father	Illiterate	9%
		Primary	10%
		Secondary	8%
		High-schooling	11%
		Graduate	10%
		Post-graduation	10%
2.	Mother	Illiterate	15%
		Primary	5%
		Secondary	2%
		High-schooling	10%
		Graduate	10%
		Post-graduation	0%

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Table 1.2 depicts the percentage distribution of respondents' parents according to their educational status. With respect to fathers' education, the highest proportion of fathers had completed high schooling (11%), followed by those with primary education (10%), graduation (10%), and post-graduation (10%). A smaller percentage of fathers had attained secondary education (8%), while 9% of fathers were illiterate. This distribution indicates a relatively varied educational background among fathers, with a noticeable presence of higher educational attainment. In contrast, mothers' educational status shows a comparatively lower level of education. A higher proportion of mothers were illiterate (15%), which represents the largest category among mothers. Mothers with high-school education and graduation accounted for 10% each. Lower percentages were observed for primary (5%) and secondary education (2%), while none of the mothers had attained post-graduate education (0%).

Overall, the table reveals a clear disparity between fathers' and mothers' educational attainment, with fathers generally exhibiting higher levels of education. This difference may have implications for family decision-making, socio-economic status, and the educational environment of the respondents.

Table 1.3 Percentage of respondents showing behavioral problems among children

Frequency Score	Percentage of Respondents
Below 5	76%
5-6	10%
7-8	5%
9-10	5%
10	4%

Table 1.3 illustrates the percentage distribution of respondents according to the frequency scores of behavioural problems among children. The findings reveal that a substantial majority of respondents (76%) scored below 5, indicating a low level of behavioural problems among most children in the study. A smaller proportion of respondents (10%) obtained scores in the range of 5–6, suggesting a mild level of behavioural issues. Further, 5% of the respondents fell within the 7–8 score range, while another 5% scored between 9–10, reflecting moderate to relatively higher levels of behavioural problems. Additionally, 4% of the respondents recorded the highest score category (10), indicating severe behavioural concerns.

Overall, the results suggest that while the majority of children exhibited minimal behavioural problems, a notable minority demonstrated moderate to severe behavioural issues. This highlights the need for early identification and targeted interventions for children exhibiting higher frequency scores of behavioural problems.

Table 1.4 Percentages of respondents on behavior problem checklist

Intensity Score	Percentage of Respondents
Below 8	45%
9-10	23%
11-12	11%
13-14	6%
15	5%

Table 1.4 presents the percentage distribution of respondents based on the intensity scores of behavioural problems among children, as measured by the behaviour problem checklist. The data indicate that the largest proportion of respondents (45%) scored below 8, suggesting that nearly half of the children

exhibited low-intensity behavioural problems. About 23% of respondents scored in the 9–10 range, reflecting mild behavioural issues. Smaller proportions of respondents scored higher on the checklist, with 11% in the 11–12 range, 6% in the 13–14 range, and 5% at the maximum score of 15, indicating moderate to severe behavioural problems among these children.

Overall, the findings suggest that while a significant number of children demonstrate low-intensity behavioural problems, a smaller but noteworthy group exhibits moderate to severe behavioural issues, highlighting the importance of early monitoring and intervention.

Table 1.5 Percentages of respondents showing violent and Destructive behavior

Sr. No.	Respondents showing violent and destructive behaviors	Occasionally	Ranking order	Frequently	Ranking order	Absent
1.	Kicks Other	56	3	5	5	39
2.	Pushes Other	57	2	7	3	36
3.	Pinches Other	59	1	9	2	39
4.	Pulls Hair	43	4	7	3	50
5.	Slaps Other	56	3	10	1	34
6.	Punches or Hits Others	28	5	4	6	68
7.	Spits on Other	10	12	5	5	85
8.	Bangs Objects	9	13	5	5	86
9.	Slams Doors	21	7	3	7	76
10.	Bites Other	16	9	4	6	80
11.	Attacks or Pokes Others with Weapons (blade, sticks or pencils)	18	8	6	4	76
12.	Throws Objects at Others	13	10	1	9	86
13.	Tears/ Pulls Thread from own or Other Clothing	6	15	2	8	92
14.	Tears up Own or Others Books, Papers or Magazines	7	14	5	5	88
15.	Breaks Objects/ Glass/ Toys	22	6	5	5	73
16.	Damages Furniture	12	11	6	4	82

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Table 1.5 presents the percentages of respondents exhibiting violent and destructive behaviours, categorized as "occasionally," "frequently," or "absent." The findings indicate that certain aggressive behaviours, such as pinching others (59%), pushing others (57%), kicking others (56%), and slapping others (56%), were the most commonly observed "occasional" behaviours. These behaviours are ranked 1st to 3rd, suggesting that minor forms of physical aggression are relatively prevalent among the respondents. Behaviours observed "frequently" were generally less common, with the highest being pinching others (9%) and slapping others (10%). More extreme forms of violence, such as attacking or poking others with weapons, throwing objects at others, or tearing books and clothing, were rare, with the majority of respondents (ranging from 73% to 92%) not exhibiting these behaviours at all. Destructive behaviours toward property, including banging objects, slamming doors, breaking toys, and damaging furniture, were observed occasionally in a small proportion of respondents (9–22%) and were mostly absent in the majority (73–86%).

Overall, the data suggest that while mild physical aggression among children is relatively common, severe violent and destructive behaviours are infrequent. These findings highlight the importance of addressing minor aggressive behaviours early to prevent escalation and underscore that extreme aggression is not widespread in the sample population.

Table 1.6 Percentage of respondents showing Temper Tantrums

Sr. No.	Respondents Showing Temper Tantrums	Occasionally	Ranking Oder	Frequently	Raking order	Absent
1.	Cries Excessively	41	1	7	2	52
2.	Screams	32	3	12	1	56
3.	Stamps Foot	23	4	4	4	73
4.	Rolls on Foot	37	2	5	3	58

Table 1.6 presents the percentage distribution of respondents exhibiting temper tantrums, categorized as "occasionally," "frequently," or "absent." Among the behaviours observed, excessive crying was the most common occasional temper tantrum, reported in 41% of respondents and ranked first. Rolling on the floor was also relatively frequent, occurring occasionally in 37% of respondents (ranked second). Screaming was reported occasionally by 32% of respondents (ranked third), while stamping the foot was the least common occasional behaviour at 23% (ranked fourth). In terms of frequent occurrences, screaming was reported most often (12%), followed by excessive crying (7%), rolling on the floor (5%), and stamping the foot (4%). The majority of respondents did not display temper tantrums for most behaviours, with absence percentages ranging from 52% to 73%. Specifically, stamping the foot was absent in 73% of cases, while excessive crying was absent in 52% of respondents.

Overall, the data indicate that temper tantrums are relatively common among children, particularly in the form of excessive crying and rolling on the floor. However, frequent temper tantrums are less prevalent, suggesting that while occasional emotional outbursts are typical, severe or repeated tantrums occur in a smaller proportion of children.

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Table 1.7 Percentage of respondents showing Misbehavior with others

Sr. No.	Respondents Showing Misbehavior With Others	Occasionally	Ranking Oder	Frequently	Raking order	Absent
1.	Pulls objects from others	14	9	2	7	84
2.	Interrupts in between when others are talking	19	7	10	3	71
3.	Makes loud noise when others are working or reading	33	4	11	2	56
4.	Makes face to tease others	50	2	13	1	37
5.	Use abusive/ vulgar language	5	11	4	6	91
6.	Takes others Possessions without their permission openly	17	8	6	5	77
7.	Forces others to do According to his\her (bossy)	20	6	6	5	74
8.	Intimidates others	28	5	4	6	68
9.	Gossips/ spreads rumors about others	3	8	6	5	91
10.	Passes unwanted Comments on others	17	3	4	6	79
11.	Stares at others	37	1	2	7	61
12.	Laughs or mocks at others	55	12	5	5	40
13.	Writes nasty things About others	3	10	5	5	92
14.	Trips others when they are walking across	11	10	4	6	85

Table 1.7 presents the percentage distribution of respondents exhibiting misbehaviour toward others, categorized as “occasionally,” “frequently,” or “absent.” The findings indicate that certain forms of misbehaviour were relatively common. Making faces to tease others (50%) and laughing or mocking others (55%) were the most frequently observed occasional behaviours, ranked first and second, respectively. Staring at others (37%) and making loud noises when others are working or reading (33%) were also notable, ranking third and fourth. Less frequently observed occasional behaviours included interrupting others (19%), bossy behaviour (20%), intimidating others (28%), and taking others’ possessions without permission (17%). Rare occasional behaviours were using abusive or vulgar language (5%), gossiping or spreading rumours (3%), and writing nasty things about others (3%). In terms of frequent misbehaviour, laughing or mocking others (12%) and using abusive or vulgar language (11%) were reported most often, while most other behaviours occurred less frequently, typically ranging between 1% and 10%. The majority of respondents did not exhibit many forms of misbehaviour, with absence percentages ranging from 37% to 92%. Writing nasty things about others (92%), using abusive language (91%), and gossiping (91%) were largely absent among respondents, indicating that severe forms of misbehaviour were uncommon.

Overall, the data suggest that mild forms of misbehaviour, such as teasing, laughing at others, or making faces, are relatively common among children. However, more serious forms of misbehaviour, including verbal abuse, bullying, and harmful actions, are infrequent. This highlights the importance of monitoring social interactions while noting that extreme antisocial behaviour is not prevalent in the study sample.

Table 1.8 Percentage of respondents showing self - injurious behavior

Sr.No.	Respondents showing Self- Injurious Behaviors	Occasionally	Ranking order	Frequently	Ranking order	Absent
1.	Bangs head	33	1	2	4	65
2.	Bites self	6	8	2	4	92
3.	Cuts or mutilates self	2	11	0	0	98
4.	Pulls own hair	3	10	0	0	97
5.	Scratches self	5	9	3	3	92
6.	Hits self	11	5	3	3	86
7.	Puts objects into eyes/ nose/ ear	10	6	2	4	88
8.	Eats indigestible things	9	7	5	1	92
9.	Peels skin/ wounds	30	2	4	2	66
10.	Bites nails	23	3	3	3	74
11.	Threatens to kill oneself	14	4	2	4	84

Table 1.8 presents the percentage distribution of respondents exhibiting self-injurious behaviours, categorized as occurring “occasionally,” “frequently,” or being “absent.” The findings indicate that most self-injurious behaviours were largely absent among the respondents, suggesting a generally low prevalence of such behaviours. Among the occasional behaviours, banging the head was the most commonly reported (33%), ranking first, followed by peeling skin or wounds (30%) and biting nails (23%). Threatening to kill oneself was reported occasionally by 14% of respondents, while hitting oneself (11%) and putting objects into the eyes, nose, or ears (10%) were less frequently observed. Other behaviours such as eating indigestible things (9%), biting oneself (6%), scratching oneself (5%), pulling one’s own hair (3%), and cutting or mutilating oneself (2%) were rare. Frequent occurrence of self-injurious behaviours was minimal. Eating indigestible things showed the highest frequent occurrence (5%), followed by peeling skin or wounds (4%), scratching oneself (3%), hitting oneself (3%), and biting nails (3%). Notably, severe behaviours such as cutting or mutilating one-self and pulling one’s own hair were completely absent in the “frequently” category. A high percentage of respondents did not exhibit self-injurious behaviours, with absence rates ranging from 65% to 98%. Cutting or mutilating oneself (98%), pulling one’s own hair (97%), and biting oneself (92%) were largely absent among the respondents.

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Overall, the table indicates that while mild self-injurious behaviours such as head banging, nail biting, and skin peeling are present in a small proportion of children, severe self-harm behaviours are rare. These findings suggest the need for early identification and preventive interventions for children displaying mild self-injurious tendencies to reduce the risk of progression to more severe behaviours.

Table 1.9 Percentage of respondents showing repetitive behavior

Sr. No.	Respondents showing repetitive behavior	Occasionally	Ranking order	Frequently	Ranking order	Absent
1.	Rocks body	5	9	3	6	92
2.	Nods head	23	5	2	7	75
3.	Sucks thumb	13	6	2	7	85
4.	Makes peculiar sounds	48	1	4	5	48
5.	Bites ends of Pen/ Pencil	11	7	6	4	83
6.	Shakes parts of body repeatedly	26	4	11	1	63
7.	Grinds teeth	7	8	9	2	84
8.	Swings round and round	47	2	9	2	44
9.	Overuses cell phones	38	3	7	3	55

Table 1.9 presents the percentage distribution of respondents exhibiting repetitive behaviours, categorized as occurring “occasionally,” “frequently,” or being “absent.” The findings indicate that certain repetitive behaviours are relatively common, while others are less frequently observed. Among occasional behaviours, making peculiar sounds (48%) and swinging round and round (47%) were the most commonly reported, ranked first and second, respectively? Overusing cell phones (38%) and nodding the head (23%) were also noted occasionally among respondents. Less commonly observed occasional behaviours included sucking the thumb (13%), biting the ends of pens or pencils (11%), grinding teeth (7%), and rocking the body (5%). Frequent occurrence of repetitive behaviours was generally low. Shaking parts of the body repeatedly was reported most frequently (11%), followed by making peculiar sounds (4%) and biting pens/pencils (6%). Other behaviours, including rocking the body (3%), nodding the head (2%), sucking thumb (2%), and swinging round and round (2%), were less frequent. The majority of respondents did not exhibit repetitive behaviours, with absence rates ranging from 44% to 92%. Rocking the body (92%) and sucking the thumb (85%) were mostly absent, while swinging round and round (44%) and making peculiar sounds (48%) were absent in fewer respondents, indicating higher prevalence.

Overall, the data suggest that while mild repetitive behaviours such as making peculiar sounds, swinging, and overusing cell phones are relatively common, other forms of repetitive behaviours like rocking the body, thumb sucking, and teeth grinding are less prevalent. These findings highlight the need for monitoring repetitive behaviours that could interfere with daily functioning or social interactions.

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Table 1.10 Percentages of respondents showing odd behaviors

Sr. No.	Respondents showing odd behavior	Occasionally	Ranking order	Frequently	Ranking order	Absent
1.	Laughs to self	34	2	6	3	60
2.	Laughs inappropriately	26	43	6	3	68
3.	Talks to self	38	1	9	1	53
4.	Collects unwanted objects (like sticks, slippers, strings, dirt, feces)	25	5	4	4	71
5.	Picks nose	25	5	9	1	66
6.	Plays with unwanted objects like slippers, strings, dirt, feces	12	8	7	2	81
7.	kisses, hugs and licks people unnecessarily	22	6	4	4	74
8.	Smells objects	13	7	2	5	85
9.	Eats un-editable Items	32	3	7	2	61

Table 1.10 presents the percentage distribution of respondents exhibiting odd behaviours, categorized as “occasionally,” “frequently,” or “absent.” The data indicate that some odd behaviours were relatively common, while others were less frequently observed. Among occasional behaviours, talking to self was the most frequently reported (38%), followed by laughing to self (34%) and eating inedible items (32%). Laughing inappropriately (26%), collecting unwanted objects (25%), and picking nose (25%) were also noted occasionally. Less commonly observed occasional behaviours included kissing, hugging, or licking people unnecessarily (22%), playing with unwanted objects (12%), and smelling objects (13%). Frequent occurrences of odd behaviours were generally low. Laughing inappropriately was reported most frequently (43%), while talking to self (9%) and picking nose (9%) were next. Other behaviours, including kissing or hugging unnecessarily (4%), collecting unwanted objects (4%), eating inedible items (7%), and playing with unwanted objects (7%), were observed less often. Most respondents did not exhibit odd behaviours, with absence percentages ranging from 53% to 85%. The highest absence was seen for smelling objects (85%) and playing with unwanted objects (81%), while talking to self (53%) and laughing to self (60%) were absent in fewer respondents, indicating higher prevalence.

Overall, the findings suggest that mild odd behaviours, such as talking or laughing to oneself and consuming inedible items, are relatively common. More socially unusual or extreme odd behaviours, such as handling unwanted objects or unnecessary physical contact, are less prevalent. These results underscore the importance of observing odd behaviours as part of behavioural assessments to identify children who may require further evaluation or intervention.

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Table 1.11 Percentage of respondents showing hyper activity

Sr. No.	Respondents showing hyper activity	Occasionally	Ranking order	Frequently	Ranking order	Absent
1.	Does not sits at one place for required time	22	2	10	3	68
2.	Does not pay attention to what is told	21	3	21	1	58
3.	Does not continue with the task at hand for required time	28	1	.15	2	57

Table 1.11 presents the percentage distribution of respondents exhibiting hyperactivity, categorized as occurring "occasionally," "frequently," or being "absent." Among the observed behaviours, the inability to continue with the task at hand for the required time was the most commonly reported occasional behaviour (28%), ranking first. Not sitting at one place for the required time (22%) and not paying attention to what is told (21%) were also observed occasionally, ranking second and third, respectively. In terms of frequent occurrence, not paying attention to instructions was reported most often (21%), followed by inability to continue with tasks (15%) and not sitting at one place (10%). These findings indicate that attention-related hyperactive behaviours occur more frequently than simple restlessness in sitting. The majority of respondents did not exhibit hyperactive behaviours, with absence percentages ranging from 57% to 68%. Not continuing with tasks was absent in 57% of respondents, not paying attention in 58%, and not sitting at one place in 68%, highlighting that severe hyperactivity is relatively less common.

Overall, the data suggest that while occasional hyperactive behaviours, particularly related to attention and task completion, are observed in a notable proportion of children, frequent or severe hyperactivity is less prevalent in the study population. These findings emphasize the importance of early identification and support for children demonstrating hyperactive tendencies to improve attention and task engagement.

Table 1.12 Percentage of respondents showing rebellious Behavior

Sr. No.	Respondents showing rebellious Behavior	Occasionally	Ranking order	Frequently	Ranking order	Absent
1.	Re fuses to obey commands	18	3	23	1	59
2.	Does opposite of What is requested	36	1	13	3	51
3.	Takes long time intentionally to complete a given task	31	2	19	2	50
4.	Wanders outside school	8	5	11	4	81
5.	Runs away from school	11	4	6	5	83
6.	Argues without purpose	8	5	5	6	87

Table 1.12 presents the percentage distribution of respondents exhibiting rebellious behaviour, categorized as occurring "occasionally," "frequently," or being "absent." The findings indicate that certain forms of rebellious behaviour are relatively common among the respondents. Among occasional behaviours, doing the opposite of what is requested was the most frequently observed (36%), followed by taking a long time intentionally to complete a given task (31%) and refusing to obey commands (18%).

Less commonly reported occasional behaviours included running away from school (11%), wandering outside school (8%), and arguing without purpose (8%). In terms of frequent occurrence, refusing to obey commands was reported most often (23%), followed by taking longer to complete tasks intentionally (19%) and doing the opposite of what is requested (13%). Other behaviours, such as wandering outside school (11%), running away from school (6%), and arguing without purpose (5%), were observed less frequently. The majority of respondents did not exhibit rebellious behaviours, with absence percentages ranging from 50% to 87%. Arguing without purpose (87%), running away from school (83%), and wandering outside school (81%) were largely absent, whereas refusal to obey commands (59%), doing the opposite of what is requested (51%), and taking longer to complete tasks intentionally (50%) were absent in fewer respondents, indicating higher prevalence.

Overall, the data suggest that mild forms of rebellious behaviour, particularly opposing instructions and intentionally delaying task completion, are relatively common among children. Severe or disruptive behaviours, such as running away from school, wandering outside school, or arguing without purpose, are less frequent. These findings highlight the importance of monitoring and guiding children exhibiting early signs of rebellious tendencies to prevent escalation.

Table 1.13 Percentage of respondents showing anti-social behaviors

Sr. No.	Respondents showing anti-social behaviors	Occasionally	Ranking order	Frequently	Ranking order	Absent
1.	Lies or twists the truth to his own advantage or blames others	25	2	5	4	70
2.	Cheats in games or no sense of fair play	41	1	8	2	51
3.	Steals	4	3	3	8	93
4.	Makes obscene gestures	23		4	5	73
5.	Exposes body parts in appropriately	18	4	14	1	68
6.	Makes obscene gestures	6	6	2	7	92
7.	Touches own private parts in public	7	11	5	4	88
8.	Touches others private parts in public	8	10	3	6	89
9.	Gambles	5	9	4	5	91
10.	Extorts money /things from others	24	12	5	4	71
11.	Plays truant	17	3	6	3	77
12.	Uses tobacco drugs	0	7	5	4	95
13.	Pawns things to get money	22	5	6	3	72
14.	Kills pets, animals or other living creatures for no reason	10	8	3	8	87

Table 1.13 presents the percentage distribution of respondents exhibiting anti-social behaviours, categorized as occurring “occasionally,” “frequently,” or being “absent.” The findings indicate that while some anti-social behaviours are relatively common, most severe forms are rare among the respondents. Among occasional behaviours, cheating in games or showing no sense of fair play was the most commonly reported (41%), followed by lying or twisting the truth (25%), making obscene gestures (23%), extorting money or things from others (24%), pawning things to get money (22%), and exposing body parts inappropriately (18%). Less frequent occasional behaviours included stealing (4%), gambling (5%), touching private parts in public (7–8%), and killing pets or animals (10%). Frequent occurrence of anti-social behaviours was generally low. Exposing body parts inappropriately (14%) and lying or twisting the truth (5%) were reported more frequently, while most other behaviours occurred in less than 10% of respondents. Severe behaviours such as stealing, killing animals, using drugs or tobacco, and touching

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others' private parts were very rarely reported, with the majority of respondents (87–95%) showing absence of these behaviours.

Overall, the data suggest that mild anti-social behaviours, such as cheating, lying, and minor rule-breaking, are relatively common among children. However, serious anti-social behaviours, including theft, substance use, or harming animals, are uncommon. These findings underscore the need for early guidance and behavioural interventions to address minor anti-social tendencies and prevent potential escalation into more serious behaviours.

Table 1.14 Percentage of respondents showing fears

Sr. No.	Respondents showing fears	Occasionally	Ranking order	Frequently	Ranking order	Absent
1.	Fear of objects	47	1	14	2	39
2.	Fear of animals	35	3	27	1	38
3.	Fear of places	29	4	8	3	63
4.	Fear of persons	42	2	14	2	44

Table 1.14 presents the percentage distribution of respondents exhibiting fears, categorized as occurring "occasionally," "frequently," or being "absent." The findings indicate that fears are a common emotional concern among the respondents, though the frequency varies by type of fear. Among occasional fears, the fear of objects was the most commonly reported (47%), followed by fear of persons (42%), fear of animals (35%), and fear of places (29%). This suggests that situational and object-related fears are more prevalent than environmental fears among the children in the study. In terms of frequent fears, the fear of animals was reported most often (27%), followed by fear of objects and fear of persons (14% each), while fear of places was less frequently observed (8%). A substantial proportion of respondents did not exhibit these fears, with absence percentages ranging from 38% to 63%. The highest absence was observed for fear of places (63%), indicating that most children are comfortable in their surroundings, whereas fear of animals (38%) and fear of objects (39%) were absent in fewer respondents, highlighting their higher prevalence.

Overall, the data suggest that mild fears, particularly related to objects and social interactions, are relatively common among children. Frequent or severe fears are less prevalent, but the presence of fears in a notable proportion of respondents underscores the importance of emotional support and guidance to help children manage their anxieties effectively.

Table 1.15 Percentage of respondents showing any other behavior

Sr. No.	Respondents showing any other behavior	Occasionally	Ranking order	Frequently	Ranking order	Absent
1.	Keeps things untidy	18	5	4	6	78
2.	Soils clothing	12	7	4	6	84
3.	Passes urine at inappropriate places	3	8	4	6	93
4.	Complains of body aches /other signs of ill health	32	2	12	2	56
5.	Stammers/ stutters	16	6	7	4	77
6.	Refuses to speak in some situation/ with some persons	28	3	13	1	59
7.	Speaks in ladies voice (boys) in male voice (girls)	35	1	7	4	58
8.	Postpones things frequently	21	4	10	3	69
9.	Uses baby talk/ behaves immature	21	4	6	5	73

Table 1.15 presents the percentage distribution of respondents exhibiting other miscellaneous behaviours, categorized as occurring "occasionally," "frequently," or being "absent." The data indicate that

several of these behaviours are relatively common, while more extreme behaviours are less prevalent. Among occasional behaviours, speaking in a ladies' voice (for boys) or a male voice (for girls) was the most commonly reported (35%), followed by complaints of body aches or other signs of ill health (32%), refusal to speak in some situations or with certain persons (28%), and postponing things frequently (21%). Other occasional behaviours included using baby talk or behaving immaturely (21%), keeping things untidy (18%), stammering or stuttering (16%), and soiling clothing (12%). The least common occasional behaviour was passing urine at inappropriate places (3%). In terms of frequent occurrence, refusal to speak in some situations was reported most often (13%), followed by complaints of body aches (12%) and speaking in a ladies' or male voice (7%). Other behaviours were observed less frequently, ranging from 4% to 10%, indicating that frequent occurrence of these behaviours is relatively low. A majority of respondents did not exhibit these behaviours, with absence percentages ranging from 56% to 93%. Passing urine at inappropriate places (93%), soiling clothing (84%), and keeping things untidy (78%) were largely absent, whereas complaints of body aches (56%) and speaking in ladies' or male voice (58%) were absent in fewer respondents, indicating higher prevalence.

Overall, the findings suggest that mild or occasional unusual behaviours, particularly speech-related behaviours, complaints of ill health, and selective refusal to speak, are relatively common among children. More disruptive or socially inappropriate behaviours, such as soiling clothing or urinating in inappropriate places, are rare. These results highlight the importance of monitoring and providing support for children exhibiting these behaviours to promote adaptive functioning and social adjustment.

V. DISCUSSION AND CONCLUSION

1. Socio-Demographic Characteristics of Respondents
The study included children predominantly aged 12–16 years (66%), followed by 9–12 years (25%) and 6–8 years (9%), indicating that most behavioural observations pertain to adolescents, a stage when social, emotional, and behavioural patterns become more pronounced. Regarding religion, the majority of respondents were Hindu (85%), with Muslims (10%) and Christians (5%) forming smaller proportions. No Sikh respondents were reported. Family structure showed that 60% of respondents belonged to joint families, while 40% were from nuclear families. A higher proportion of children (75%) came from low-income families, and 25% were from high-income households. Similarly, 75% of respondents were from upper caste and 25% from lower caste families.

Parental educational status revealed that fathers were relatively evenly distributed across educational levels, with 9% illiterate, 10% primary educated, 8% secondary educated, 11% high school graduates, and 10% each for graduate and post-graduate levels. Mothers had a slightly lower educational profile, with 15% illiterate, 5% primary, 2% secondary, 10% high school, and 10% graduates; none had post-graduate education. These demographic variables suggest that socio-economic status, family type, and parental education may influence behavioural development and responses to environmental stressors.

2. Behavioural Problems
2.1 General Behavioural Problems- The overall behavioural problem frequency and intensity were low among most respondents. Approximately 76% of children had frequency scores below 5, indicating minimal behavioural issues, and 45% scored below 8 in intensity. Only small proportions of children displayed moderate to severe behavioural problems (scores above 11), suggesting that most behavioural challenges were mild in nature.

2.2 Violent and Destructive Behaviour- Minor physical aggression was occasionally observed. Pinching (59%), pushing (57%), kicking (56%), and slapping (56%) were the most frequent occasional behaviours. Severe behaviours, such as attacking others with weapons, tearing books, or damaging furniture, were largely absent, with absence rates ranging from 73% to 92%. These findings suggest that while minor aggression is present in a notable proportion of children, extreme violent and destructive behaviour is rare.

2.3 Temper Tantrums- Temper tantrums were reported occasionally in several forms: excessive crying (41%), rolling on the floor (37%), stamping feet (23%), and screaming (32%). Frequent tantrums were less common, with only 1–7% of children exhibiting behaviours often. This pattern aligns with developmental expectations, as emotional outbursts are typical during childhood and adolescence, while persistent frequent tantrums may require monitoring.

2.4 Misbehaviour with Others- Misbehaviour was largely mild and occasional. Making faces to tease others (50%), laughing or mocking (55%), interrupting others (19%), and staring at others (37%) were common. Severe forms, including abusive language (5%), writing nasty things about others (3%), and tripping others (11%), were rare. These findings indicate that minor social misbehaviour is prevalent, but serious or aggressive social misconduct is uncommon.

2.5 Self-Injurious Behaviour- Self-injurious behaviours were minimal. Occasional behaviours included head-banging (33%) and peeling skin/wounds (30%). Severe behaviours such as cutting, mutilation, or hair-pulling were extremely rare (<2%), while the majority of children did not exhibit self-injurious behaviours (absences 66–98%). This suggests that self-injurious behaviour is generally not a major concern in this sample.

2.6 Repetitive Behaviour- Repetitive behaviours were mainly mild. Making peculiar sounds (48%), swinging round and round (47%), and overusing cell phones (38%) were the most common occasional behaviours. Frequent occurrences were low, ranging from 1–11%, while absence rates ranged from 44–92%. This indicates that repetitive behaviours are mostly situational or mild, reflecting coping strategies or developmental tendencies rather than pathological conditions.

2.7 Odd Behaviours- Odd behaviours were observed occasionally: talking to self (38%), laughing to self (34%), and eating inedible items (32%) were common. Frequent odd behaviours were rare, with the highest being laughing inappropriately (43%). Most extreme odd behaviours, such as playing with unwanted objects, kissing or hugging unnecessarily, or inappropriate exposure, were largely absent (66–85%). This suggests that odd behaviours are generally mild and situational.

2.8 Hyperactivity- Hyperactive behaviours were present but not pervasive. Occasional inability to continue tasks (28%), not sitting at one place (22%), and lack of attention (21%) were observed. Frequent hyperactivity was lower, with inability to continue tasks (15%), attention issues (21%), and restlessness (10%). Absence rates were high (57–68%), indicating that while some children exhibit attention and activity challenges, and severe hyperactivity is uncommon.

2.9 Rebellious Behaviour- Rebellious behaviour occurred occasionally, with children doing the opposite of what was requested (36%) and intentionally delaying tasks (31%). Refusal to obey commands was reported occasionally in 18% of children. Severe rebellious behaviours, such as running away from school or wandering outside, were rare (<11%). This shows that mild defiance and task resistance are common, while extreme oppositional behaviours are uncommon.

2.10 Anti-Social Behaviour- Mild anti-social behaviours, such as cheating in games (41%) and lying (25%), were relatively common. Severe anti-social behaviours, including stealing, harming animals, substance use, or public indecency, were extremely rare, with absence percentages ranging from 87–95%. This indicates that most anti-social behaviours are minor and situational.

2.11 Fears- Children exhibited fears mainly occasionally: fear of objects (47%), fear of persons (42%), fear of animals (35%), and fear of places (29%). Frequent fears were observed in fewer respondents (8–27%). Absence rates ranged from 38–63%, highlighting that while mild fears are common, severe or persistent fears are less prevalent.

2.12 Other Behaviours- Other behaviours such as speech-related issues (speaking in opposite gender voice 35%), complaints of body aches (32%), and selective refusal to speak (28%) were occasionally observed. Severe socially inappropriate behaviours,

like soiling clothing (12%) or urinating in inappropriate places (3%), were rare. Postponing tasks (21%) and using baby talk (21%) were occasional but present in a moderate number of children.

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